

Docket N .17327CIP (HL)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: *Pacifici et al*)
)
U.S. Serial No.: 09/552,823)
)
Filed: April 20, 2000)
)
For: USE OF RETINOID RECEPTOR)
ANTAGONISTS OR AGONISTS)
IN THE TREATMENT OF)
CARTILAGE AND BONE)
PATHOLOGIES)

Examiner: Fay, Z.

Group/Art Unit: 1614

RECEIVED
APR 26 2002
OFFICE OF PETITIONS

TRANSMITTAL SHEET

Box AF-Non Fee
Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application. Enclosed are:

- 1] Transmittal Sheet
- 2] Reply and Amendment (3 pgs.)
- 3] Return/Stamped Postcard

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box AF-Non Fee, Commissioner for Patents, Washington, D.C. 20231 on

10/23/01
(Date of Deposit)

10/23/01
Date of Signature

Bonnie Ferguson
Name of person mailing correspondence

Bonnie Ferguson
Signature

The fee has been calculated as shown below:

CLAIMS AS FILED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	6	MINUS	20	= 0 x	\$18	= \$0.00
Independent Claims	2	MINUS	3	= 0 x	\$84	= \$0.00
If application has been amended to contain multiple dependent claim(s), then add				No	\$280	= \$0.00
(Select only one)				one month	\$110	= \$
Time Extension Fees:				two months	\$400	= \$
				three months	\$920	= \$
				four months	\$1,440	= \$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

- () A check in the amount of \$* is enclosed (place fee in here i.e., petition, excess claims, etc.)
- (X) The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 (associated with petition fees or excess claim fees) which may be required, or credit any overpayment to Deposit Account No. 01-0885. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

Date: 10/23/01

Signature: 

Carlos A. Fisher
Registration No. 36,510
Legal Department, T2-7H
ALLERGAN, INC.
2525 Dupont Drive
Irvine, CA 92612
Telephone: (714) 246-4920
Fax: (714) 246-4249

04-25-02

DACB
PATENT

17327CIPCPA2(HL)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

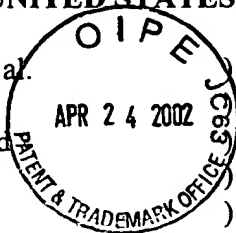
Applicant: Pacifici et al.

Serial No.: Not Assigned

Filed: Herewith

For: Use of Retinoid Receptor
Antagonists or Agonists in the
Treatment of Cartilage Bone
Pathologies

Examiner: Not Assigned



Group Art Unit: Not Assigned

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail bearing Label No. E897834333US in an envelope addressed to: Box CPA; Assistant Commissioner for Patents, Washington, D.C. 20231 on:

Date of Deposit: 4/21/02
Printed Name of Person making Deposit: Carlos A. Fisher

Signature:
Date of Signature: 4/24/02

CERTIFICATE OF EXPRESS MAILING

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Specifically, accompanying this communication please find:

- (a) Transmittal sheet in two (2) pages (in duplicate);
- (b) Copy of Amendment has filed in Serial No. 09/552,823 on October 23, 2001;
- (c) Petition to Revive Pursuant to 37 CFR 1.137(b);
- (d) Postcard;
- (e) Express Mail Transmittal Letter

Respectfully submitted,

Carlos A. Fisher

Date: 4/24/02

ALLERGAN, INC.
T2-7H
2525 Dupont Drive
Irvine, CA 92612
Tel: 714-246-4920
Fax: 714-246-4249

COPY

RECEIVED

APR 26 2002

OFFICE OF PETITIONS



Box AF - NON FEE

Rec'd in USPTO/PCT Office. Date Stamp and Return Card.

Date: 10/23/01

Serial No.: 09/552,823

Title: USE OF RETINOID RECEPTOR ANTAGONISTS.

Dkt. No.: 17327CIA(HL)

Enclosed Are:

- | | |
|--|--|
| <input type="checkbox"/> Specification # _____, Claims # _____, and Abstract # _____ | <input type="checkbox"/> Declaration, Power of Attorney |
| <input type="checkbox"/> Drawings (_____ sheets)
_____ Formal _____ Informal | <input type="checkbox"/> Assignment & Cover Sheet |
| <input type="checkbox"/> Info. Disc. Statement | <input checked="" type="checkbox"/> Amendment (Final) (# pgs. 3) |
| <input type="checkbox"/> Priority Documents # _____ | <input checked="" type="checkbox"/> Certificate of Mailing |
| <input type="checkbox"/> PTO 1449 W/References | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> PCT Request (# pgs. _____) | <input checked="" type="checkbox"/> Transmittal Letter |
| <input type="checkbox"/> PCT Demand (# pgs. _____) | <input type="checkbox"/> Extension of Time |
| <input type="checkbox"/> PCT Response (# pgs. _____) | <input type="checkbox"/> Express Mail No. _____ |
| <input type="checkbox"/> PCT Amendment (# pgs. _____) | _____ |
| | _____ |
| | _____ |

Box AF - NON FEE

Rec'd in USPTO/PCT Office. Date Stamp and Return Card.

Date: 10/23/01

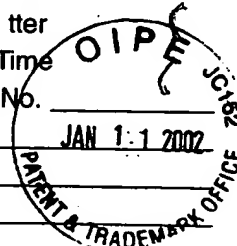
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_____ Formal _____ Informal | <input type="checkbox"/> Assignment & Cover Sheet |
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| <input type="checkbox"/> PCT Response (# pgs. _____) | <input type="checkbox"/> Express Mail No. _____ |
| <input type="checkbox"/> PCT Amendment (# pgs. _____) | _____ |
| | _____ |
| | _____ |



UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>7/30/02</u>		2 Serial/Patent # <u>09/552,823</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input checked="" type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	other CPA	<u>8</u>	<u>2/26/02</u>	<u>\$740.00</u>
		7 TOTAL AMOUNT OF REFUND		<u>\$740.00</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check		
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <u>01--0885</u>		
<u>Application ABN when CPA FILED on 2/26/02</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>CHARLEMA GRANT</u>		TITLE: <u>ATTORNEY</u>		
SIGNATURE: <u>Charlene Grant</u>		PHONE: <u>306-0251</u>		
OFFICE: <u>Petition</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Alana Kelly</u>		DATE: <u>Aug 27 02</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B